

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
FORM **460**

1/7

For Official Use Only

Statement covers period

from 07/01/2000

through 12/31/2000

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 7.

☐ Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.)

☒ Ballot Measure Committee
☒ Primary Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 5.)

☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 6.)

☐ General Purpose Committee
☐ Sponsored
☐ Broad Based

2. Type of Statement:

☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

☐ Quaterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D.NUMBER
991968

COMMITTEE NAME

Californians for Clean Safe Reliable Water Yes on
Propositions 12/ 13

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

J. Richard Eichman

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

2/7

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

Safe Drinking Water Clean Water Watershed Protection and Flood Protection Act

BALLOT NO. OR LETTER

JURISDICTION

13

statewide

☒ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee

List names of officeholder(s) or candidate(s)

for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/10/2001
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By J. Richard Eichman
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2000</u> through <u>12/31/2000</u>	CALIFORNIA FORM 460
	3/7
	I.D. NUMBER 991968

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Clean Safe Reliable Water Yes on Propositions 12/ 13

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 2403798.00	\$ 2403798.00
2. Loans Received	Schedule B, Line 7	0.00	3900.00	3900.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 2407698.00	\$ 2407698.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	18985.40	18985.40
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 2426683.40	\$ 2426683.40

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 1693.22	\$ 2435670.65	\$ 2437363.87
7. Loans Made	Schedule H, Line 7	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1693.22	\$ 2435670.65	\$ 2437363.87
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	18985.40	18985.40
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 1693.22	\$ 2454656.05	\$ 2456349.27

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 87760.31
13. Cash Receipts	Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	1693.22
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 86067.09

If this is a termination statement, Line 16 must be zero.

* From previous statement Summary Page, Column C, However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

		1/1 through 6/30	7/1 to Date
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 1, Column (b)	\$ 0.00	
20. Contributions Received		\$ 0.00	0.00
21. Expenditures Made		\$ 0.00	0.00
18. Cash Equivalents	See instructions on reverse	\$ 0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column C above	\$ 3900.00	

Cash Equivalents and Outstanding Debts

FPPC Form 460 (8/99)
For Technical Assistance: 916/322-5660

Schedule B - Part 3
Annual Report of Outstanding Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2000
through 12/31/2000

CALIFORNIA FORM 460
4/7
I.D. NUMBER
991968

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Clean Safe Reliable Water Yes on Propositions 12/ 13

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Silicon Valley Manufacturing	02/22/2000	50000.00	3900.00	0.00

Attach additional information on appropriately labeled continuation sheets.	TOTAL \$	3900.00
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NOTE : This total should be
the same amount as entered
on the Summary Page,
Column C, Line 2.

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2000	
through	12/31/2000	5/7
		I.D. NUMBER
		991968

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Clean Safe Reliable Water Yes on Propositions 12/ 13

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
J. Richard Eichman Sacramento CA 95814 ID:	PRO			341.16
J. Richard Eichman Sacramento CA 95814 ID:	PRO			806.09
J. Richard Eichman Sacramento CA 95814 ID:	PRO			181.36

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	1693.22
2. Unitemized payments made this period of under \$100.	\$	0.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	1693.22

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2000</u> through <u>12/31/2000</u>		CALIFORNIA FORM 460
		6/7
		I.D. NUMBER 991968

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Clean Safe Reliable Water Yes on Propositions 12/ 13

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
J. Richard Eichman Sacramento CA 95814 ID:	PRO		130.61
J. Richard Eichman Sacramento CA 95814 ID:	PRO		112.00
J. Richard Eichman Sacramento CA 95814 ID:	PRO		122.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1693.22

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100. \$ _____
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ _____
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

Schedule H - Part 3
Annual Report of Outstanding Loans Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2000
through 12/31/2000

SCHEDULE H - PART 3
CALIFORNIA FORM 460
7/7
I.D. NUMBER
991968

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for Clean Safe Reliable Water Yes on Propositions 12/ 13

FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST

Attach additional information on appropriately labeled continuation sheets.	TOTAL \$	0.00
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NOTE: This total should be
the same amount as entered
on the Summary Page,
Column C, Line 7.